## SAN DIEGO SEXUAL ASSAULT RESPONSE TEAM **SART/SANE PROGRAM**

## **ADDENDUM** DRUG-FACILITATED SEXUAL ASSAULT **96-HOUR DRUG HISTORY**

The SART nurse will complete this form at the time of the interview based on the patient's history and/or signs/symptoms observed by the examiner.

Please circle: A	: Pauent mistory	<b>D:</b> Observed A&	D: DUIII	
Disturbance of Consciousness	Memory Impairment	Neurological	Psychophysiological	GI/GU
☐ Drowsiness	☐ Confusion	☐ Muscle relaxation	☐ Excitability	☐ Nausea
A B	A B	A B	A B	A B
☐ Sedated <b>*</b>	☐ Memory Loss	□ Dizziness	☐ Aggressive behavior	· Uvomiting
A B	A B	A B	A B	A B
☐ Stupor		☐ Weakness	☐ Sexual stimulation	☐ Diarrhea
A B		A B	A B	A B
☐ Loss of		☐ Slurred Speech	☐ Loss of inhibitions	☐ Incontinence
Consciousness		A B	A B	Urine/Feces
A B				A B
		☐ Paralysis	☐ Hallucinations	
		A B	A B	
		☐ Seizures	☐ Dissociation	
		A B	A B	
		☐ Pupil Size		
		Reaction:		
Specimen collected: Urine				
		Grey	void (if fleeded) v Top Tube)	
How many times		Time d prior to this collection	?	
How much alcoho	ol did the patient con	sume?		
Type of alcohol: _				
*Name of drugs taken (recreational, prescription or over the counter)				Last dose:
	,, <u>F</u>	1		Date: Time:
				Date: Time:
Has patient vomite	ed? □ Yes □No	Where is spe		2
Nurse:		Date:	Time:	
Patient Name:			Patient ID:	
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